



TO THE PUBLIC UTILITIES COMMISSION
OF THE STATE OF HAWAII
ANNUAL REPORT OF
CLASS "B" COMMON PASSENGER CARRIERS
(PUC REGULATED REVENUES BELOW \$200,000)

STATE EXACT NAME OF CARRIER

PUC NUMBER

FOR THE YEAR ENDED DECEMBER 31, 19_____

NOTICE: An annual report is to be filed and is due no later than April 30 to cover the preceding calendar year's operations.

Under Section 271-27(i), Hawaii Revised Statutes, a civil penalty shall be imposed for the delinquent filing of this financial report:

- (1) A sum of one-sixteenth of one percent of the motor carrier's gross revenue from the preceding calendar year shall be assessed, if the failure is not more than one month.
- (2) An additional one-sixteenth of one percent of the motor carrier's gross revenues from the preceding calendar year shall be assessed for each additional month or fraction thereof.
- (3) In no event shall the total penalty be less than \$50.

APPROVED BY THE PUBLIC UTILITIES COMMISSION

HAW-PUC Form 92-012
Effective 1/1/93

rev 1/1/00

ORGANIZATION AND CONTROL OF CARRIER

1. State full and exact name and address of carrier making this report.

Carrier: _____ PUC No. _____
 Address: _____ Phone: _____
 City: _____ Zip: _____

2. **Insert an "X" if new address within the last 12 months ()**

Business Name (dba): _____
 Business Address (other than P.O. Box): _____
 Phone: _____ City: _____ Zip: _____

- 2a. By February 2000, the **1999 Annual Financial Reports** (AFR) will be available on our Department web site. Thus, if you need additional copies of this report, please go to:

<http://www.state.hi.us/budget/>

Next year, if you wish to download the **CY 2000 AFR** forms from our Department web site and do not want a form sent to you by mail, please check the appropriate box below:

☐

Do **not** mail my **CY 2000 AFR**, I will download it from your Department web site.

☐

Mail my **CY 2000 AFR**.

3. Date first started business: _____
4. State the various kinds of business, other than common carriage, in which the carrier was engaged at any time during the year:

5. Island(s) in which carrier service is offered: _____
6. List companies controlled by carrier: _____

7. List persons or companies controlling carrier; also state percent owned: _____

8. Are you a member of a tariff bureau?
 (a) If yes, name of tariff bureau: _____
 (b) If no, have you filed a current tariff schedule with this office?: _____
9. Provide the following information regarding your insurance:
- (a) Bodily Injury and Property Damage Liability
 Policy Number: _____
 Insurance Carrier: _____
 Insurance Agent: _____ Phone No.: _____
 Expiration Date: _____
- (b) Cargo Insurance
 Policy Number: _____

EXHIBIT A – continued

Insurance Carrier: _____
Insurance Agent: _____ Phone No.: _____
Expiration Date: _____

10. Location of carrier's records: _____
11. Name of outside accountant (PA or CPA): _____
Address: _____ Phone: _____
City: _____ Zip: _____
12. Preparer of this report:
Name: _____ Title: _____
Address: _____ Phone: _____
City: _____ Zip: _____
13. Please check (4) whether account books are kept on a **calendar year** () or **fiscal year** () basis. If fiscal year basis, please state the period: _____. Note that this annual financial report must be filed on a calendar year basis.

VERIFICATION

I, _____, certify (or declare) that I am duly authorized to
(Print or Type)

file this statement; that I have knowledge to the matters contained herein; that the PUC regulated revenues reported herein reflect rates under the lawful tariff(s) filed with this Commission; and that the report set forth in this annual report is complete, true and correct to the best of my knowledge, information and belief.

Signature _____

Title _____

Date: _____

Carrier _____

Additional Information For Corporations and Partnerships Only

14. Date of Incorporation: _____
Incorporation in the State of: _____

15. Names of Directors/Partners:

[illegible]

16. Names of Officers:

[illegible]

EXHIBIT B

Section A OPERATING REVENUES - PASSENGER CARRIERS:

Note: (1) Before you complete this section, please read Instruction Number 6d.
 (2) Do not include taxi, school bus, or non PUC revenues.

Line	Classification	PUC Revenues
1	Tour	
2	Transfer	
3	Shuttle	
4	Baggage	
5	Miscellaneous (Specify):	
6	Total	*

Section B PUC MOTOR CARRIER GROSS REVENUE FEE:

7 Total PUC Revenues (* Line 6) \$

NOTE: IF REVENUES ARE OVER OR EQUAL TO \$200,000
 PLEASE CALL THE AUDIT SECTION AT 586-2020.

8 Motor Carrier Fee (Line 7 x .0025.)
 Note: Minimum payment due is \$20. \$

Pay amount on Line 8 on or before April 30th. Otherwise, penalty and interest will be assessed. Make your check payable to Hawaii Public Utilities Commission and attach to this page. Indicate your PUC number on the check. Your cancelled check is your receipt.

ACT 125, Session Laws of Hawaii 1998, relating to the **Public Service Company (PSC) Tax** amends certain PSC tax provisions, particularly by amending the definition of "gross income" to allow motor carriers to pay the PSC Tax only on their portion of gross receipts received through the arrangements with other motor carriers. **ACT 125 DOES NOT APPLY TO THE CALCULATION OF THE PUC MOTOR CARRIER FEE (Fee).** There is no provision under PUC statutes that allows for a deduction in gross revenues to calculate the PUC Fee. As such, on a going forward basis, no deductions to gross revenues (including **Farm-Outs**) shall apply when calculating the PUC Fee. See Hawaii Revised Statutes § 271-36.

CARRIER NAME: _____

EXHIBIT C

PUC NO.: _____

ISLAND: _____

PASSENGER CARRIER VEHICLE INVENTORY LIST

NOTE: All vehicles must be registered under the carrier's name.
Place an asterisk * next to the year if the vehicle is not registered to the carrier.

[illegible]